



**MARYLAND ADVISORY  
BOARD ON PRESCRIPTION  
DRUG MONITORING (PDMP)**

**November 13, 2014**

**4:00PM to 6:00 PM**

**BEHAVIORAL HEALTH  
ADMINISTRATION  
VOCATIONAL  
REHABILITATION BUILDING**

**55 WADE AVENUE  
CATONSVILLE, MD 21228**



**Attendees**

**Advisory Board**

Mona K. Gahunia, D.O., Chair  
Captain Daniel D. Alioto, Appointee (phone)  
Gail Amalia B. Katz, MPH, Appointee  
Janet M. Beebe, CRNP, Appointee  
Shirley Devaris, Board of Nursing  
J. Ramsay Farah, MD, MPH, Appointee  
Vinu Ganti, MD, Appointee  
Janet Getzey Hart, Appointee (phone)  
Lenna Israbian-Jamgochian, President Board of Pharmacy (phone)  
Orlee Panitch, MD, Appointee (phone)  
Faryal Qureshi, PharmD, Appointee  
Thelma B. Wright, MD, Esq., Appointee (phone)

**Advisory Board Not Present**

Nancy D. Adams, MBA, RN  
Hoover Adger, Jr., MD, MPH, MBA, Appointee  
Celeste M. Lombardi, MD  
Ligia Peralta, MD, Appointee

**CRISP Representative:** Lindsey Ferris, CRISP Project Manager

**Board Adjunct:** Linda Bethman, JD, MA, Office of the Attorney General, DHMH

**Behavioral Health Administration (BHA) Staff**

Kate Jackson, MPH, PDMP Manager, DHMH  
Tryphena Barnes, PDMP Secretary, DHMH  
Sara Roberson, PDMP Data Analyst, DHMH  
Michael Baier, Overdose Prevention Manager, DHMH  
Kathy Rebbert-Franklin, MSW, Deputy Director, Population-Based Behavioral Health, DHMH

**Public Attendees:**

Pam Kasemeyer, Schwartz, Metz & Wise, P.A.  
Marcia Wolf, MD, PDMP Technical Advisory Committee (TAC) Member

## Minutes

- I. Agenda Review and Approval of Minutes:** Michael Baier introduced the new PDMP Manager, Kate Jackson, and reviewed the topics of discussion in the agenda. Any changes to the September 30th meeting minutes should be emailed to Kate by COB on Tuesday, November 18<sup>th</sup>.

**II. PDMP Updates**

**PDMP/CRISP User Registration and Access:** Lindsey Ferris presented that there are currently 6,400 active PDMP users which include 1,600 pharmacists. There are 14,600 inquiries per week and 60,000 per month. There are 15.2 million prescription records in the PDMP. Board members asked about the breakdown of the PMDP users, so Kate will send them a copy of this information from the weekly CRISP report.

Addressing the duplicate client issue is ongoing, and some of the duplicates have been caused by poor demographic data from a particular provider. CRISP is working on removing these duplicates from the Master Patient Index (MPI). The slowness of the system is being addressed with a series of upgrades, with the next one slated to go into effect Thursday, November 20<sup>th</sup>. CRISP is continually monitoring the response time.

Dr. Marcia Wolf mentioned that when the sex is omitted from a patient search, no results are returned. Lindsey asked that specific details be emailed to her.

**PDMP Advisory Board Annual Report:** Kate distributed a copy of the draft 2014 PDMP Advisory Board Annual Report before the meeting and reviewed the sections during the meeting. Kate directed the Board Members to email her any edits by COB on Tuesday, November 18<sup>th</sup>.

Michael asked for feedback on how to monitor potential adverse effects of the PDMP on patients and access. Board members gave anecdotal examples of positive practice changes with prescribing CDS. There was a suggestion that a complaint form be available to consumers online to evaluate and address adverse effects.

It was mentioned that some patients may believe that opting out of CRISP also extends to PDMP data. Lindsey mentioned that there is language on the opt-out form stating that opting out of CRISP does not opt patients out of the PDMP. She will check the number of opt-outs which have been consistently under 1%.

Funding is not a discussion point in the annual report, but Dr. Farah mentioned that showing the value of the program will set the stage for a good fiscal argument and should be a priority. The planned program evaluation will be a key component of this. Kathy Rebbert-Franklin mentioned that the PMDP remains a priority for BHA and she does not anticipate funding issues in the near future.

**Interstate Interoperability:** Michael presented that there are two main hubs of interstate data sharing. The National Association of Boards of Pharmacy (NABP) administers one hub and the other, PMIX, is operated by the Department of Justice. The NABP hub is operational with 26 states connected, including three of Maryland's border states, Virginia, West Virginia and Delaware. PMIX has not seen the same rate of adoption by states, and is not being considered for Maryland's interstate connectivity. With NABP's hub comes the opportunity to purchase software called NARxCHECK, which displays and analyzes data. There was lively debate on the usefulness of the analytics provided by NARxCHECK. Dr. Gahunia suggested that a PDMP user survey be drafted and circulated to assess the needs of PDMP users, such as user interface changes, how the PDMP is currently being used, and why some users do not use it. Kate and Dr. Gahunia will create the survey to be administered through CRISP.

Michael clarified the language in the PDMP statute regarding out-of-state requests, which was amended during the 2014 legislative session. Technical Advisory Committee (TAC) review will be completed for out-of-state law enforcement requests, but not for prescriber and dispenser requests. A question was raised about whether other states' software is capable of enforcing TAC involvement in law enforcement requests. The PDMP team will address this with the interstate data sharing hub vendor.

**PDMP Program Evaluation:** An MOU with the University of Maryland School of Pharmacy was finalized on 10-20-14 and a kick-off meeting was held on 10-30-14. The University of Maryland will work with the Johns Hopkins School of Public Health to address the four needs of the evaluation. Kate reviewed the proposed scope of work and activities. Suggestions from the Board are welcome throughout the evaluation.

**Advisory Board Bylaws:** Kate reviewed the drafted Advisory Board Bylaws that reflect the Board's statute requirements and define functions and duties. Michael reinforced the need for members' commitment to attend meetings and mentioned that meeting dates for all meetings in 2015 will be sent out shortly, so that members can plan accordingly. Teleconferencing accommodations will continue to be made, but members are encouraged to attend in person.

Linda Bethman mentioned that the language in the bylaws referencing public attendance should read, "subject to the Open Meetings Act." Board member input is encouraged and the bylaws will be approved at the next meeting. Any suggested edits to the Bylaws should be sent to Kate.

An informal poll was conducted to see if the meeting time of 4:00 to 6:00pm was still preferred and it is. One member asked about travel reimbursement arrangements and the existing form will be sent out to the members.

### **III. Legislation and Regulations**

**Unsolicited Reporting Proposed Regulations:** The Unsolicited Reporting Regulations discussed at the last Board meeting are being signed off on internally and will be available for public comment soon.

**DDC Regulations:** While a set of the drafted regulations were distributed with other pre-meeting documents, Kate sent out an updated copy of the DDC Regulations on Thursday, November 13<sup>th</sup>. These regulations include PDMP registration as one of the new requirements for DDC-issued CDS permits. It was clarified that prescribers need one registration per place of business, so if a prescriber works at multiple locations, DDC will need to take this into account for individuals when they register for the PDMP. Additionally, new and renewing CDS permit applicants will be required to complete an education module about substance use disorder resources in Maryland.

During informal comment, there was concern about the impact of new requirements on the already back-logged CDS permit process. Modifications to the regulation address these concerns by stipulating that the new requirements for CDS permits will not be implemented until the Secretary determines that the PDMP has the capacity to handle an increased registration volume and the DDC has implemented a web-based CDS permit system. Dr. Farah wants the language in the Annual Report to read that the Board is “generally supportive” of this regulation as opposed to “supportive”, to take into account the differing opinions voiced by Board Members, as well as public attendees.

During the discussion around required PDMP registration, a suggestion was made to automatically sign-up all prescribers for the PDMP instead making it a user-driven part of the CDS permit process, so no burden is placed on the prescribers. Lindsey mentioned that CRISP will streamline the PDMP registration process by using auto-registration though identity-verification software.

BHA is developing the 15-20 minute educational module for the CDS license renewal process for DDC. This module will provide information regarding the substance use disorder (SUD) resources in Maryland. No CMEs will be offered for viewing the module. Separate CME courses are forthcoming from the Boards.

**Next Board Meeting:** The schedule for the 2015 Board meetings will be distributed.

**Meeting Adjourned**